

FEE BASIS COMPLIANCE TRAINING

The role of the Compliance Officer

The role of the Compliance Officer is to help ensure that business operations comply with all laws, regulations and policies that apply to it. The Compliance Officer also develops and deploys internal controls that encourage standards of excellence in business practices.

When it comes to compliance issues, staff sometimes has difficulty in determining what is/is not a compliance issue. Listed below are some common examples of potential compliance issues:

- Falsifying patient documentation or registration information
- Manipulation of billing processes
- Improper utilization of medical center resources
- Self-referrals of services which could result in a financial benefit for the referring employee

Fraud and Abuse

Compliance education means education on how to avoid fraud and abuse in your practice. Fraud is an intentional act which can result in criminal prosecution, civil liability and administrative sanctions. Abuse is an action that does not involve intent, but which constitutes improper conduct. “Should have known” and “reckless disregard” can result in civil liability and administrative sanctions. The majority of health care organizations have enacted the Office of Inspector General’s (OIG’s) Compliance Guidelines that outline seven elements for an effective compliance program. The seven elements include:

- Compliance Education and Training
- Compliance Officer and Compliance Committee
- Risk Assessment
- Internal Reporting/Communications
- Auditing and Monitoring
- Enforcement and Discipline
- Investigation and Response

In the first half of 2007 the OIG may recover more than \$2.9 billion from audits and investigations. The OIG reported that it excluded 1,278 individuals and entities from participation in Medicare/Medicaid for alleged fraud and abuse, among other reasons. During the reporting period OIG investigations resulted in 209 “successful” criminal prosecutions, and 498 cases were presented for criminal prosecution to the Department of Justice.

The Joint Commission

The Joint Commission on Accreditation of Healthcare Organizations (TJC) is an independent, not-for-profit organization that sets the standards by which health care quality is measured in America. To maintain and earn accreditation, organizations must have an extensive on-site review by a TJC team at least once every three years. It should be noted that TJC team arrives at the hospital **without prior notification**. TJC standards

address the hospital's level of performance in specific areas, not just the hospital's capacity to perform.

Addressing Compliance Concerns

All employees should understand the process for raising questions, expressing concerns, and reporting potential compliance failures. It is VHA policy that no employee will be penalized for raising an issue or a concern. Below is a decision process for addressing compliance concerns:

- Is the action legal or ethical?
- Does it comply with the laws or regulations?
- Does it fit with our organizational values?
- Would you feel good about yourself if you did it?
- Would you be comfortable discussing this issue with your family, friends, patients, or the community?

If you answered “no” to any of these questions, discuss your concerns with your Compliance Officer, Michael Ojeda at extension 70455 (Fiscal, MCCF, Bldg 45, Room 103; [Email: Michael.Ojeda@va.gov](mailto:Michael.Ojeda@va.gov)) or call the Compliance Help Line at 1-866-842-4357. Each caller may remain anonymous.